NGO Networks
for Health

Capacity Building Strategies:

Opportunities for Collaborative Action

Capacity Building Strategies:

Opportunities for Collaborative Action

NGO Networks for Health (*Networks*) is a worldwide project to improve health services by building or strengthening partnerships at the community level between organizations that are already working there. These partnerships provide a range of services, including family planning, maternal and child health, and HIV prevention, that are relevant to the local situation. This five-year effort began in June 1998, and brings together five development organizations—the Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), PLAN International, Program for Appropriate Technology in Health (PATH), and Save the Children USA. *Networks* is supported by USAID's Global/Population, Health, and Nutrition Center.

Introduction

In the 18 months since its creation, NGO Networks for Health (*Networks*) and its five Partners have been laying the foundation for effective collaboration. To this end, *Networks* has served as the catalyst for and supported a number of initiatives to help Partners identify possible areas for collaboration and the best strategies and mechanisms for working together. All of these efforts culminated in the *Networks* workshop held at the Academy for Educational Development on November 4th and 5th, 1999. The workshop, with its goal "to develop a collaborative capacity building strategy for the *Networks* project," was a major step forward in the project's pursuit of Result One of its results framework: sustained PVO capacity to provide quality family planning, reproductive health, child survival, and HIV (FP/RH/CS/HIV) services. The Global Excellence in Management Initiative (GEM), PACT, and the Educational Development Center (EDC) participated in the design and facilitation of the workshop.

"New things involve risk, and partnerships usually involve new things. A true partnership means partners must be prepared to take risks together."

The workshop was a watershed event for the capacity-building efforts of the Partners, signaling a significant transition in the evolution of the *Networks* partnership from a primary focus on identifying and exploring possibilities for collaboration to a focus on planning and working together on a number of specific joint ventures. As the relationship among the Partners undergoes this fundamental shift, the role of *Networks* will

likewise expand from encouraging and promoting collaboration to actively facilitating and supporting it.

The Groundwork
Organizational Assessments

The success of the workshop was due in large measure to the careful groundwork that was done in the weeks and months leading up to the event—and in particular to the comprehensive organizational assessments carried out by each of the Partners. The purpose of these assessments, designed and facilitated by *Networks* staff in collaboration with Pact and the Education Development Center, Inc. (EDC), was to enable each Partner to develop a profile of its assets and needs in certain key areas.

Once these individual assessments were completed, *Networks* then consolidated the findings into a diagram that reflected the entire partnership. While individual members found the results of their own assessment useful and enlightening in its own right, the picture *Networks* was able to compile and present of the partnership as a whole was likewise eye opening. Between *Networks'* presentation of the overall findings and the subsequent presentation by each Partner of their individual assets and needs, the workshop represented the first time members were able to envision the actual potential of the partnership. Indeed, for this very reason there is a sense in which the partnership actually became something different at this event, something more tangible.

Seeing for the first time what they had to offer as a group, seeing the potential of partnering, the organizations could begin to *think* like partners. That is, they could begin to think not merely in terms of their own strengths and resources and what these would permit them to achieve but in terms of

the assets of the other Partners as well. They were able to see how working together they could undertake initiatives they might never have attempted—and in some cases might never even have conceived of—on their own. This need not and does not mean the Partners will now shed their distinct organizational identities. PATH (e.g.) will still be PATH and CARE will still be CARE, doing the good work they have always done, but each will now begin to be something else. They will now take advantage of the benefits of partnership.

1) **a self-assessment questionnaire** which focused on five key capacity areas: staffing, organizational learning and knowledge sharing, partnering and professional outreach, organizational commitment to the technical package, and general management. The questionnaire asked about the technical areas FP/RH/CS/HIV and three levels of operation (international headquarters, national office, and regional offices). It could also be customized to suit each

PLAN International staff discuss their organization's assets and needs.

For the most part the details of the design and implementation of the organizational assessments are beyond the scope of this report, but a few remarks about the process will help readers understand how it contributed to the success of this workshop. The purpose of the assessments, as noted above, was to help each Partner examine its programming strategies and priorities and determine what it does well (its assets) and what it needs to improve its performance (its needs). The assessments were carried out using a tool designed and tested by *Networks* in collaboration with PACT and EDC. The tool had three main components:

Partner's interest for the assessment.

2) **an organizational profile** which provided a "snapshot" of the organization including information such as number of employees, of reproductive health projects, etc.

3) **a health/technical assessment** which focused on relative priorities of technical training needs related to FP/RH/CS/HIV.

CARE's Isam Ghanim, Theresa Shaver, Sumana Brahman, and Carlos Cardenas strategize.

Networks' role was to interview the Partners, design a participatory organizational assessment process, develop and pilot test the assessment tool, and train in-house facilitators to carry out the assessment. Each Partner completed its survey, which, for many, included perspectives from both headquarters and the field. *Networks* then analyzed the data that was collected and identified key findings, which were presented to the Partners in individual debriefings led by *Networks* staff. Based on the findings, each Partner was asked to develop an action plan, specific goals for the organization in light of what it learned in the assessment. These action plans will be elaborated in more detail and shared by the end of January 2000. Each Partner thus arrived at the workshop on the heels of a comprehensive organizational stock taking, with a clear grasp of its assets and needs and a road map to its future.

"Where we are and where we want to be as a partnership is constantly evolving."

The workshop then became the venue for Partners to share their findings and aspirations—their sense of who they are and what they are about at this point in time—so that with a foundation of mutual understanding and common purpose they could begin to identify the most promising opportunities for collaboration. As *Networks* Director Betsy Bassan said in opening remarks at the workshop: "This is another event to further us along the pathway in opening our organizational doors and in getting to know and build trust in each other. We are here to celebrate what we have done up to this point and to fashion a common vision for strengthening our ability to expand and improve services in the field."

A Profile of the Network

The workshop began with a profile of the partnership as a whole, assembled from the combined findings of the five organizational assessments. The wheel diagram below shows the partnership's relative strengths and weaknesses in 16 key areas; items closer to the hub are seen as weaknesses, while those closer to the rim are considered strengths.

The greatest weaknesses and the source of much discussion were in the areas of staff development (item 12) and staffing numbers (item 13), as well as HIV (item 1, see below). All the Partners suffered from being uderstaffed and unable to fulfill slots efficiently. "We need to sit down and start talking," one participant noted. "We need to develop a joint strategy for recruitment." Many staff members also apparently felt the need for greater professional development, which, in the words of one participant, "includes more than just technical training."

In the context of Result One, which emphasizes capacity building, these particular weaknesses are a virtual call to action. "Our greatest asset is people who bring passion to the job," one attendee observed, "and yet this is the area where we are the weakest."

> "Staff development is richer than just technical skills development."

Another weak area to emerge from the assessment was in combatting and controlling the spread of HIV (item 1). While the Partners are generally strong in child survival (item 2), they did not show the same strength in HIV. The reason appears to be that HIV is a recent area of focus and has not had the benefit of years of attention from the health community.

With regard to item 3, family planning/ reproductive health, there was apparently a wide range of capacity, from very weak in

NGO Networks for Health: Preparing for Collaboration

1 HIV
2 CS
3 RH/FP
4 Technical Skills
5 Data Use
6 Data Generation
7 Operations Research
8 Information Sharing
9 Advocacy
10 Partnering
11 Strategic Management
12 Staff Development
13 Staffing Numbers
14 Teaming
15 Alignment
16 Integration w/other Programs
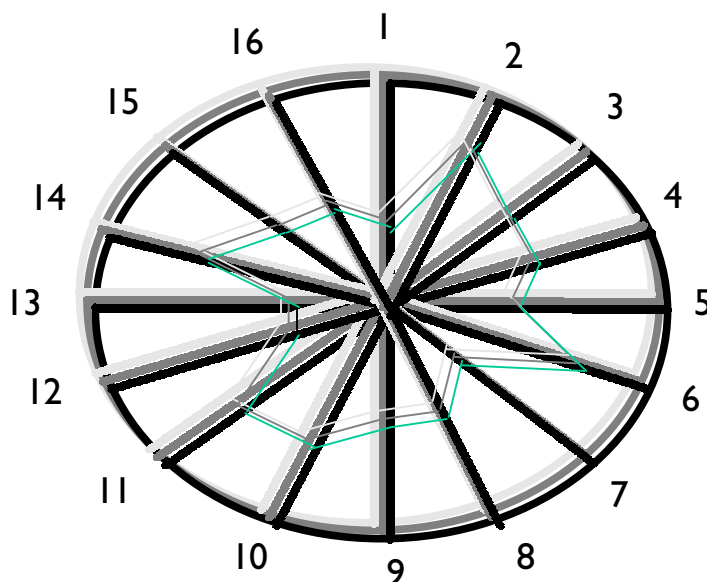
some Partners to very strong in others. One participant noted, for example, that "FP/RH were lumped together in the tool. Because some Partners had a stronger capacity in family planning, the results may not have shown their weaknesses in reproductive health adequately." The Partners are poised to integrate family planning and reproductive health into their programming.

"What's happening here is that people are beginning to talk to each other. Usually we don't have time to talk and to share. It's a big achievement just to be able to share ideas."

On the positive side, child survival (item 2) ranked as the strongest area in the network, with data generation (item 6) a close second. In this context, it is noteworthy that the use of data (item 5) ranked substantially lower than its collection. This may be because data is more important to donors than it is to collectors or, for that very reason, more essential to collect and pass on than to analyze for internal use. Or it may be that on the whole staff is better trained in collecting data than in interpreting or using it. In any

case, the Partners agreed they could all benefit from better use of data to inform decision making at all levels.

Advocacy (item 9) was one other item that occasioned considerable discussion. There were varying opinions of what it means and whether Partners had engaged in advocacy work. For some, advocacy means development education, while for others it means pursuing a legislative agenda. Clearly, no Partner is engaged in any advocacy activity that conflicts with regulatory requirements for nonprofits and NGOs in general.

Finally, it was interesting to note (in the context of this workshop) that on the whole members perceived they are strong in partnering (item 10). As one attendee observed, "This exercise reaffirmed a lot of things that we took for granted, such as the fact that the concept of partnering is already in our organization."

Many of the weaknesses identified in this profile later became the focus, or at least part of the focus, of the proposals for collaborative action.

Workshop participants discover each other's resources.

Presenting the Partners

The individual Partners were invited to present themselves to each other via a summary of the results of their organizational assessment. Each Partner described the major findings, highlighting their assets and needs. A brief summary of each presentation is offered below; these summaries offer only a selection of the many points made by each presenter.

"We need to move from basic needs to basic rights...If we don't have human rights, we won't have a significant impact on people's lives."

CARE has over 300 health managers and is especially strong in reproductive health with a field presence in over 56 reproductive health projects, giving the organization a high profile and considerable credibility in the reproductive health community. It has transition models of child survival to reproductive health and reproductive health to child survival. As an organization, it has an institutional commitment to partnerships and developing local networks and a diversified donor base. CARE stated that it was in search of best practices in programming from "basic needs" towards "basic rights," of ideas and approaches for diversifying their child survival portfolio (i.e., their funding base), of technical guidance in and approaches to providing integrated RH/HIV programs to build on their current reproductive health portfolio, and ideas for building their HIV/AIDS programming capacity.

SAVE THE CHILDREN is strong in child survival programs, network building, community mobilization, strategic planning, and advocacy. It offers such resources as COPE—Community-based Options for Protection and Empowerment, a community-level AIDS prevention-to-care continuum, and a program known as Training for Transformation. Save the Children would like to improve in the areas of program planning and management, program design and performance monitoring (especially as it relates to family planning), safe motherhood, emergency obstetric care (EOC), HIV/AIDS (both prevention and care), community-based family planning and counseling services, and the integration of integrated management of childhood illnesses (IMCI) and maternal/newborn care into their child survival programs.

PLAN INTERNATIONAL has long-standing partnerships with communities and an extensive infrastructure in six regions covering 42 countries as some of its primary assets. It offers expertise in child health, microcredit, research capacity, and monitoring systems. P AN is in search of PVO/private sector partnership skills, community-managed approaches to HIV/AIDS, and community-based approaches to safe motherhood (basic and comprehensive emergency obstetric care) and reproductive health behavior change.

ADRA offers a unique model for staff development, a global network of medical and educational institutions, an extensive non- S donor network, and the ability to mobilize a worldwide constituency. ADRA would like to improve staff recruitment and retention; monitoring and evaluation of information systems and training in these systems; improve communication skills for the field, counterpart organizations, and donors; documentation and dissemination of information through journals, conferences,

and seminars; and incorporate operations research into each intervention to improve performance and show benefits for the community.

PATH presented a variety of assets related to reproductive health. These included partnership tools, behavioral change communications (BCC) and behavioral change interventions (BCI), skills in and technology for communication, training, research, and evaluation, reproductive health information, adolescent reproductive health, HIV/AIDS/STD prevention and control, and innovative reproductive health technologies in primary health care settings. PATH has an ability to link *Networks* with other SAID-funded projects through its numerous partnerships such as HORI ONS, PRIME, FPMD, and IMPACT. (See appendix E for detailed list.) One of PATH's key needs is to more effectively scale up its long-standing partnerships with communities. PATH is also in search of expertise in sustained participation and participatory evaluation methods, improved systems for ensuring ongoing project evaluation, greater access to service delivery networks in the field and to established child survival programs, and better visibility.

"This is the first time we have been able to articulate our capacity-building needs within this partnership. This has been very useful."

NGO Networks for Health offers a staff committed to and experienced in forming partnerships and whose mandate it is to facilitate collaboration. Its multidisciplinary and diverse team has experience in behavior change, capacity building, FP/RH/CS/HIV, subgrant management and disbursement, and can provide opportunities to improve capacity to manage large contracts. The *Networks*

team can respond relatively rapidly at the field level and can provide links at the local level to develop capacity in networking. *Networks* can also provide visibility with the donor and financial resources.

These presentations completed the collective and individual stock taking that served as the underpinning of the workshop. Participants now had before them a comprehensive inventory of the resources and assets they had to offer each other the building blocks of collaboration, as well as a sense of the direction each Partner wanted to take in the future. The task now was to make sense of the inventory, to identify especially promising combinations of assets, as well as other assets and needs, that could then form the basis for multilateral and bilateral partnerships.

Operationalizing for Results

Each of the Partners now met individually to review the information that had been generated and to formulate three to five proposals or initiatives they were interested in pursuing and were willing to support. The group agreed that the main criteria for a proposal was that it must be practical and realistic, something that could yield tangible results, and be achieved within a period of 12-18 months. The resulting list of 19 proposals was reduced to 15 when each Partner voted for its top three priorities. Partners were then asked to select which of the surviving proposals they were interested in working on and supporting, which yielded eight proposals. Bilateral and multilateral working groups were then formed from those Partners who selected the same proposal.

The resulting eight working groups developed each proposal according to six criteria: purpose of the proposal, start-up activities and timeline, lead individuals, role of *Networks* staff, available resources, needed resources. Summaries of the eight proposals appear below.

The Partners agreed that following the workshop these proposals will be analyzed by the *Networks* team with Partner input and be re-presented as an action plan with a timeline.

"The whole scene is changing very rapidly. There is a decrease in US foreign aid; the boundaries between public and private funding are becoming blurred; and a tremendous amount of private wealth is becoming available. What does this mean for NGOs?"

Proposal #1: FP/RH Capacity Building— *How to plan, implement, and evaluate FP/ RH programs.*

The purpose of this proposal is to build the capacity of the Partners to implement technical packages in FP/RH/CS/HIV (in the context of the post-Cairo integrated approach to reproductive health with its emphasis on meeting people's holistic needs). FP/RH capacity building will be carried out through state-of-the-art regional workshops, living university exchanges with CARE, collaborative workshops, and training exchanges. The first step will be to form a working/advisory group made up of *Networks'* Technical Support Group (TSG), Partner representatives, and a Managers Working Group representative. By March of 2000, the advisory group will have defined the technical topics to be covered in order of priority and will have identified implementation strategies. Implementation

will begin in a May workshop. By July, the first iteration of technical guidance modules will be completed. Partners pledged the following assets:

CARE offers its Household Livelihood Security (HLS) framework, transition models, and safe motherhood materials, as well as field staff, local networks, and credibility in the community.

ADRA offers its unique staff development model—ADRA Professional Leadership Institute (APLI), health care institutions for training and service delivery, community-based child health programs, and a network of non-US-based donors.

PLAN offers a wide variety of training/skill development workshops that other Partners can join. Save the Children offers a staff person to serve on the review working group and on the planning/design team for FP/RH field workshops.

PATH offers a broad range of expertise in reproductive health programs and technologies and can make staff available to conduct workshops.

Networks will ensure integration with other capacity building activities.

Proposal #2: Operations Research (OR)—*To replicate OR in the Partner organizations in order to have multiple sets of results from which "best practices" will emerge.*

The purpose of this proposal is to assess community-based strategies to enhance timely care-seeking decision making for maternal and newborn care. Those participating will meet in February 2000 (or earlier) to design the protocol and implementation process. Partners offered the following assets:

P AN offers its research capability, extensive infrastructure and long-term community partnership experience, its large independent resources, and microcredit expertise.

Save the Children offers a resource person who has experience in joint OR training with the Population Council.

PATH offers to review, critique, and design OR proposals, along with its programming capabilities in communications and training in contraceptive technologies, client-provider interaction, and communication for change, as well as its BCC/BCI/FP message development expertise.

Networks will act as convenor.

Proposal #3: Behavior Change Intervention and Community Collaboration—*A joint program between PLAN and PATH to move behavior change approaches forward in selected communities where PLAN has long-term relationships and to collaborate on reproductive health behavior change with emphasis on adolescents.*

The purpose of this proposal is to foster collaboration among the Partners to raise awareness, share lessons learned, and generate program models and strategies. In January 2000, the interested Partners will meet to establish a working group, compile an inventory of all adolescent reproductive health and BCI workshops, share their experiences, and identify opportunities for collaboration. Assets offered by each Partner included:

P AN offers excellent government and long-term community relations, an extensive field infrastructure, a Technical Advisory Group (TAG) member who is world-renowned in

behavior change approaches, along with the expertise of its own staff.

Save the Children offers its experience in community mobilization (positive deviance investigation, WARMI, community-defined quality) and a staff person to design and plan a workshop on adolescent reproductive health and behavior change issues.

PATH offers its experience and expertise in behavior change, including behavior change workshops, adolescent reproductive health, interpersonal communication, and communication for change.

Networks offers the TSG who will act as convenor.

"In many ways, it's the Partners who are actually defining what Networks is going to do."

Proposal #4: Safe Motherhood and Basic Obstetric Care/Life Saving Skills at the Community Level—*PLAN wishes to explore a collaborative program with CARE on community-based approaches to emergency obstetric care.*

The purpose of this proposal is to build greater knowledge and capacity to design, implement, and evaluate effective Safe Motherhood strategies from community to district level. The focus activity for this proposal will be a workshop in Kenya next May, the design of which will be adopted for a workshop in Asia in November. Designing the workshop will begin immediately.

P AN and CARE offer the experience and expertise of their staff to design the workshop and adapt it for Asia. ADRA might like to join this partnership and may offer trainers for the workshop.

Networks offers its staff and resources.

"The partnership is a process of discovery. It opens up possibilities to work together on different levels using all our assets. The potential here is multifaceted."

Proposal #5: Child's Rights/Child Participation—*A bilateral collaboration between Save the Children and PLAN on defining benchmarks for field programs on child's rights/child participation.*

Through a collaborative effort, Save the Children and P AN will identify benchmarks and best practices in child's rights/child participation, primarily through research and information sharing. The research phase will begin on November 8, 1999. In October 2000, Save the Children and P AN will meet to exchange results of their research and look at benchmarks and examples for field level activities and potential program strategies.

P AN offers its knowledge and background activities on child's rights and child participation. P AN will hire a researcher to capture current P AN activities globally. The Partners will look to PATH for information on the women's health initiative on gender sexual health rights and for assistance from its staff.

Proposal #6: Lessons Learned Workshop—*Planning, implementing, and evaluating the HIV/AIDS prevention-to-care-continuum in Africa.*

The purpose of this proposal is to document and present lessons learned in planning, implementing, and evaluating the community prevention-to-care models in Africa,

specifically in ambia, Malawi, and ganda. In January, *Networks* will form a task force to plan a workshop for June/July in Malawi. This task force, to include representatives from CORE, CARE, and COPE, will identify and review existing models on the continuum for HIV/AIDS in several African countries. It will also identify cooperating agency collaboration and form cross-organizational groups to evaluate the models. This information will be presented at the workshop and will be followed up with further capacity-building activities such as site visits and a living university.

Save the Children offers its HIV/AIDS prevention-to-care continuum and will help with the design of the workshop. A staff person from Malawi will participate in the workshop and will present the COPE model. PATH offers its community-based approaches to prevention and care of HIV/AIDS patients. The *Networks* staff will convene the workshop, provide follow-up, and provide financial resources and technical support through the TSG.

Proposal #7: Disseminating Reproductive Health Technology to the Field—*Partners with extensive field experience to collaborate with PATH to provide a broader network for reproductive health technology (e.g. Malawi).*

The purpose of this proposal is to adapt reproductive health technologies to a) existing Malawi service delivery systems, b) existing educational settings, and c) community services. In the first quarter of 2000, PATH and ADRA will conduct an initial evaluation visit to Malawi.

In this collaboration, PATH offers its technology and program experience, specifically in cervical cancer prevention,

STD diagnosis, and safe injection techniques. PATH will also provide a reproductive health curriculum and training assistance to university and high school programs. ADRA will provide the venue through their health care institutions for training and service delivery and community-based child health programs. P AN will support the collaboration through its extensive infrastructure and its government and long-term community relations.

"The partnership has achieved lift-off and is gaining momentum."

Proposal #8: Training and Adaptation of CARE's Transition Model—*child survival to reproductive health and reproductive health to child survival.*

PATH and P AN will collaborate with CARE to develop their organizational capacity in applying a transition model to move from child survival to reproductive health. Other Partners (ADRA and Save the Children) are also interested in learning from CARE's experience. At the end of December 1999, representatives from CARE, P AN, and PATH will meet to share information, training and background materials, and project evaluation reports. In February 2000, they will go out on an observational study tour of a CARE field site. Based on their observations and findings, they will organize a training for regional and country-level staff (with assistance in training of trainers from CARE) to be held in April. In June, the Partners will identify one or two pilot countries where they can involve the country director, national health advisor, and program unit advisor, and they will implement the project in July.

CARE will provide their technical expertise and experience. P AN offers its staff resources and an extensive community network for testing the model. PATH will designate a staff person to work on the project and can give some resources. *Networks* will assist by bringing the organizations together initially and will further support this proposal by gathering all relevant resource information and materials. *Networks* will also provide resources/funding for the initial training and will be responsible for disseminating the outcomes and lessons learned. In 2001, *Networks* will present the lessons learned at the global networks conference.

The above proposals exemplify the spirit of the workshop at its best: actual examples of collaboration in the making. While the achievements the proposals envision will be the most important legacy of these collaborations, the workshop itself had several other important outcomes:

❑ A high degree of disclosure among the Partners which will help create that openness and trust essential to any successful joint venture. *"What's happening here is that people are beginning to talk to each other. I feel I can pick up the phone now and call one of the Partners to ask for help. Or to offer it.*

❑ The identification of shared objectives and challenges which will enable Part-ners to focus on what they have in common and not just on the signature achievements which distinguish them (and in many cases lead to competition). *"We don't need to worry that what we can achieve together will somehow undermine what we have always done individually."*

- The enthusiasm for the possibilities inherent in collaboration. *"It's been exciting to see the power of combining assets, how that helps to move our organizations forward."*

- And the habit, or at least the beginning of the habit, of thinking outside the generally more narrow organizational perspective. *"Our thinking has been opened up here. We have been able to get beyond our own agendas."*

Taken together, these outcomes represent a major step forward in the institutionalizing of both the habit and the strategies of partnering. The Partners increasingly appreciate the benefits of partnerships and increasingly appreciate the effort needed to do it well. If it is perhaps premature to declare that collaboration is now second nature in *Networks*, it is surely safe to say that it is purposefully pursued.

As always, what matters most is not so much what happens at events such as these, but what happens next. In this case, the challenge facing *Netowrks* and its Partners is to seize upon the momentum created by this watershed event and begin converting the excitement and enthusiasm of the workshop participants into actions and results. Accordingly, the first order of business, now being undertaken by the *Networks* Technical Support Group, is to follow up on the proposals and faciliatate the all important next steps.

The work that was begun here will not have meant very much unless it has an impact, whether direct or indirect, on the lives of the women, men, and children we serve. In the end, we will be judged not by the breadth of our aspirations but by the nature of our accomplishments. What made this conference especially fufilling ws to see how, through collaboration, we could aspire to more without compromising our ability to achieve.

Ruth Hope (*Networks*) ponders a question, Sumana Brahman (*Networks*) and Kabir Ahmed (PLAN International) work on a proposal.

Networks will quickly facilitate a process for moving forward on the proposals and recommendations to define a "*Networks*-level" capacity-building plan. To capture the momentum of the workshop, *Networks* (specifically the Result One team and the Technical Support Group) will review, consolidate, and clarify the proposals made by the Partners. Partner involvement will be an essential component of this process. The review will:

❏ Examine the different capacity-building needs
❏ Identify who needs that capacity
❏ Define specific follow-up activities for *Networks* and the Partners
❏ Identify the human and financial resource needs
❏ Determine potential coordination with cooperating agencies to access and provide technical assistance
❏ Develop a timeline of the proposals and
❏ Determine roles and responsibilities among the Partners and *Networks* staff

The outcome of this review process will be the development of a more detailed capacity building plan, to be shared for review and comment by the Partners. This may also include a calendar of events for the next 12 to 18 months, based on the proposals.

ADRA

Becky DeGraff
Ron Mataya
Randy Purviance

CARE

Carlos Cardenas
Isam Ghanim

PATH

Sam Clark
Kristina Gryboski
Jackie Sherris
Anne Wilson

PLAN INTERNATIONAL

Kabir Ahmed
Don Cohen
Martin McCann
Penina Ochola
Abiola Tilley-Gyado

SAVE THE CHILDREN/US

Jean Bischell
Karen eban
Ronnie ovich
David Marsh
Diana Myers
David Oot
Mary Beth Powers
Amy Weissman

NGO NETWORKS FOR HEALTH

Elizabeth Bassan
Premila Bartlett
Ketaki Bhattacharyya
Sumana Brahman
Rita Feinberg
Ina Gantcheva
Donald Graybill
Ruth Hope
Fred ee
Kerry MacQuarrie
Mike Negerie
John Owens
Theresa Shaver
Mana Sonawane
Joseph Valadez

EDUCATION DEVELOPMENT CENTER, INC.

Beryl evinger

GLOBAL EXCELLENCE IN MANAGEMENT INITIATIVE

Claudia iebler
Ada Jo Mann

PACT

Evan Bloom

DAY ONE: THURSDAY, NOVEMBER 4, 1999

8:30   **Welcome**
          Start-up
          Agenda Review
          Context Setting
          Presentation of General Findings
          Partner Views:
                    Discussion in Cross-organizational Groups
          Assets and Areas for Capacity Building:
                    Work in Organizational Groups

12:30   **Lunch**

1:30   **Presentations by Each Partner**
          Strategies for Collaborative Capacity Building
          Market Place of Possibilities:
                    Proposals for Collaborative Capacity Building
                    Partner Responses and Negotiations

5:30   **Close of Day One**

DAY TWO: FRIDAY, NOVEMBER 5, 1999

8:30   **Start-up Activity**
          Agenda Review
          Re-affirmation of Priorities
          Working Groups Flesh Out Proposals:
                    Actions/Time Frame
                    Champions/Leaders
                    Role of *Networks* Staff
          Present/Discuss Plans

1:30   **Closure Activity**

SURVEY RESULTS

A survey was conducted among 28 PVOs, including the five Partners of NGO Networks for Health, which produced this resume of priorities for future technical orientation:

FAMILY PLANNING/REPRODUCTIVE HEALTH:

- ❏ Community based delivery systems
- ❏ Maternal nutrition
- ❏ Essential obstetric care (includes life-saving, pre-natal, post-natal care)
- ❏ Counseling (both clinical and community levels)

HIV/AIDS PROGRAMMING:

- ❏ Behavior change communication
- ❏ Sexually transmitted infections/reproductive tract infections (STI/RTI) prevention and diagnosis
- ❏ Home-based care

CHILD SURVIVAL:

- ❏ Integrated management of childhood illnesses (IMCI) approaches
- ❏ Maternal/newborn care
- ❏ Micronutrients

CROSS-CUTTING SKILL AREAS:

The following cross-cutting skill areas were identified as priority by one Partner and may have relevance to other programs.

- ❏ Program design
- ❏ Performance monitoring
- ❏ Quality assurance
- ❏ Operations research
- ❏ Community mobilization
- ❏ Training skills

The following proposals received one or more votes, but were not worked on during the workshop.

PROPOSAL #1

Establish regional capacity (eg. in Asia) to facilitate joint regional/country marketing strategies/planning/advocacy/fundraising/training.

CARE offered these assets:

❏ Materials in FP/RH (guidelines, tools)
❏ ocal networks
❏ Field presence in 56 countries
❏ Transition models (RH to CS and CS to RH)
❏ Credibility at community level
❏ Health mangers in the field: CARE and *Networks* regional technical advisors in atin America and the Caribbean

CARE's needs included:

❏ Building HIV/AIDS program capacity in Southeast Asia and Africa
❏ Strategic partnerships to maximize/complement programs
❏ Diversify funding base for child survival programs

PROPOSAL #2

Create training, guidance, and tools for district-level planning and management (including data for decision-making quantitative/qualitative data collection and analysis)

ADRA is in search of:

❏ Documentation and dissemination (headquarters and field)
❏ Monitoring and evaluation systems and operations research

PROPOSAL #3

Develop and implement a joint strategy to raise awareness, build technical skills, and advocate for continued support to maternal child health programming.

PATH offered an expert in advocacy at policy level (Nancy Yinger) as an asset for this proposal.

PROPOSAL #4

Collaboratively develop a plan for disseminating key health messages reflecting project experiences.

PATH offered these reproductive health information assets:

❏ Outlook, RHO, cervical cancer, etc.
❏ ow literacy materials
❏ Interactive and electronic materials

The following proposals received no votes.

❏ Explore potential collaborations in food fortification.

❏ Establish a Partner strategy for HIV/AIDS programming in ganda and Southeast Asia.

❏ Adopt innovative methodologies of Partners (e.g. WARMI-Bolivia) in order to strengthen reproductive health programs

❏ Joint evaluations and reviews of programs (e.g. Haiti)

ADRA'S ASSETS

- ❏ Community-based child health service delivery
- ❏ nique model for staff development
- ❏ Multifaceted experience with partnering and collaboration
- ❏ nique advocacy experiences
- ❏ Global network of medical and educational institutions
- ❏ Extensive non- S donor network
- ❏ Portfolio that can be integrated
- ❏ Ability to mobilize a world-wide constituency

ADRA'S NEEDS

- ❏ Human resources/staffing (recruitment, retention)
- ❏ Monitoring and evaluation (information systems, training in the M E systems, decision-making)
- ❏ Communication skills and strategies for ADRA field, counterpart organizations, donors
- ❏ Documentation and dissemination
- ❏ Training and writing for journals
- ❏ Presentation at conferences and seminars
- ❏ Operations research (incorporate into each intervention, for performance improvement, benefits for the community)

CARE'S ASSETS

- ❏ Household ivelihood Security (H S) framework
- ❏ Institutional commitment to partnerships
- ❏ Transition models: CS to RH; RH to CS
- ❏ Over 300 health managers
- ❏ Field presence: 56 reproductive health projects
- ❏ Credibility at community level
- ❏ ocal networks
- ❏ Diversified funding base

- ❏ Multi-sectoral approaches
- ❏ Position and credibility in reproductive health community

CARE'S NEEDS

- ❏ The "best practices" in programming from "basic needs" towards "basic rights"
- ❏ Ideas/approaches to diversify our child survival portfolio (e.g. diversify our funding base)
- ❏ Defining a strategy to develop strategic partnerships to maximize or complement programs
- ❏ Technical guidance/approaches to provide integrated RH/HIV programs to build on our current RH portfolio
- ❏ Building HIV/AIDS programming capacity and defining our special niche in this area of programming (comparative advantage)
- ❏ The "best practices" in balanced growth for the development sector (in many cases we are donor driven)

PATH'S ASSETS

- ❏ Gender (women's empowerment, reproductive rights, men and RH, Interagency Gender Working Group)
- ❏ Partnerships: Emergency Contraceptive Consortium, Children's Vaccine Initiative, ACCP, BCC, technology transfer (public, private sector donors), quality assurance (ORS, vaccines, STD, malaria, contraceptives, hepatitis), adolescents: (WHO, NICEF, NFPA, Gates)
- ❏ Contraceptive quality management (condoms, oral contraceptives, advocacy)
- ❏ Partnership tools (lessons learned publication, cost share publications)
- ❏ RH Information: Outlook (languages), RHO (11 RH topics), emergency care information, cervical cancer
- ❏ Female genital mutilation/cutting

- BCC/BCI (low literacy materials, interactive and electronic materials and communication, training, community mobilization, strategy development
- Communication and training (contraceptive technologies, CPI, communication for change, adolescent programs, emergency contraception, STI/STD, cervical cancer, product procurement)
- Intellectual property rights for health products integrating public/private sector needs
- Nutrition (micronutrient interventions, food fortification "ultrarice", anemia detection)
- ending and small grants (fund for technical transfer, small grants for RH, small grants for contraceptive technology, small grants in African countries)
- Diagnostics (STDs, malaria, HIV, tuberculosis)
- Immunization (hepatitis B, Children's Vaccine Initiative, Malaria Vaccine Initiative)
- Research and evaluation (qualitative, quantitative, gender-specific, participatory, developing indicators, technical products)
- Cancer prevention (cervical/ACCP, breast, skin)
- Emergency contraception (training, materials (providers and clients), research, advocacy, collaboration
- Good manufacturing practices for pharmaceuticals and medical device manufacturers
- Advocacy for policy change in specific RH topic areas
- Adolescent reproductive health (education, providers and communication, information, reducing harmful practices)
- HIV/AIDS/STD prevention and control (strategy planning, BCI, condom access, condom procurement, HIV/STD diagnosis and management, safe injection systems, condom and contraceptive

quality assurance)
- Diagnostic tests and appropriate health technologies
- Innovative RH technologies in primary health care settings (ORS, STD diagnosis, vaccines, contraceptive innovations, clean delivery kits, safe injection)

PATH'S NEEDS

- Expertise in sustained community participation and participatory evaluation methods
- Improved systems for ensuring ongoing project evaluation
- Better visibility
- Greater access to service delivery networks in field
- Access to established child survival programs

PLAN INTERNATIONAL'S ASSETS

- Extensive infrastructure (district, regional, in 42 countries in 6 regions)
- Research capacity
- Restricted but large independent resources and, therefore, ability to match
- Child health expertise
- ong-term community partnership (15-20 years)
- Excellent government relations
- Microcredit expertise
- Very international (Board represents 14 countries, at this workshop Plan represents Asia, Africa, Europe, and North America)
- Monitoring systems

PLAN INTERNATIONAL'S NEEDS

- Creation of PVO/private sector partnership skills
- Community-managed approaches to HIV/AIDS including community-based care

- ❏ Safe motherhood basic and comprehensive emergency obstetrical care and community-based approaches
- ❏ RH behavior change approaches at the community level
- ❏ Information dissemination skills within P AN
- ❏ Change management skills/strategies
- ❏ Institutionalize NGO/public sector, NGO/private sector partnership skills

SAVE THE CHILDREN'S ASSETS

- ❏ Child survival
- ❏ Strategic planning
- ❏ Advocacy (experience-based with partners)
- ❏ Network building (e.g. Groupe Pivot)
- ❏ Community mobilization (knower level)
- ❏ earning through programming
- ❏ Positive deviance (knower level)
- ❏ School health (knower level)
- ❏ COPE (especially in Africa)
- ❏ Community-level AIDS prevention-to-care continuum (doer level)
- ❏ Training for transformation (doer level)

SAVE THE CHILDREN'S NEEDS

- ❏ Program planning and management (program design, results planning, performance monitoring)
- ❏ Other cross-cutting (BCC, community mobilization, training skills)
- ❏ Safe motherhood (emergency obstetric care (EOC), pre- and post-natal life saving skills)
- ❏ HIV/AIDS (condom promotion, education, behavior change communication, home-based care)
- ❏ Family planning (counseling, community-based)
- ❏ Child survival (IMCI, maternal/newborn care)

NGO NETWORKS FOR HEALTH'S ASSETS

- ❏ We have staff whose mandate it is to facilitate collaboration
- ❏ Experience in sub-grants management and disbursement
- ❏ Poised to draw on Partner experiences with networking and partnerships
- ❏ Collectively, we represent broad understanding of five organizations
- ❏ We can respond relatively rapidly at the field level
- ❏ We have a team commitment to partnerships
- ❏ Provide visibility with donor
- ❏ Financial resources
- ❏ Central location and conference room for Partners
- ❏ Point for documenting and compiling technical information (from PVOs, cooperating agencies, etc.)
- ❏ Multidisciplinary and diverse team
- ❏ Tested experience with forming partnerships (at country and headquarters level)
- ❏ We offer the opportunity for the five organizations to define collaboration (to promote partnerships)
- ❏ We provide an opportunity to improve capacity to manage large contracts (building partner capacity in this area)
- ❏ Dedicated and talented program associates
- ❏ Provide links at local level to develop capacity in "networking"
- ❏ We provide "enabling mechanism" to link the cooperating agencies with NGOs and inform both approaches
- ❏ Ability to link community needs to global efforts
- ❏ We have multiple tiers of linkage across partnerships through our organizational structure

THE PARTNERSHIP IS...

- ❏ Established
- ❏ Arranged marriage
- ❏ Fledgling
- ❏ Evolving
- ❏ Pain
- ❏ In the process of discovery
- ❏ Seeking definition
- ❏ In agreement about where we are and where we need to be

THE PARTNERSHIP HAS...

- ❏ Inherent challenges
- ❏ Potential to grow
- ❏ Risk
- ❏ Potential for love
- ❏ ift off and gaining momentum
- ❏ Visibility, which makes it more vulnerable
- ❏ nresolved conflicts
- ❏ Commitment from Partners
- ❏ Diversity
- ❏ Traveled a long way

THE PARTNERSHIP NEEDS...

- ❏ To emerge as a platform to strengthen each other
- ❏ Children
- ❏ Periodic marriage counseling
- ❏ Seize the momentum to make something happen in the field
- ❏ Recognize levels (team, membership/ management, field)
- ❏ To be transparent
- ❏ To be respectful of Partners
- ❏ Results
- ❏ Ground rules and clarity of structure
- ❏ Clarity (what it offers)
- ❏ Common understanding of shared resources
- ❏ To celebrate success stories
- ❏ Equity
- ❏ Field driven
- ❏ Emphasize comparative advantages

- ❏ To deliver some services
- ❏ To stay focused

ACTIONS TO MOVE US CLOSER TO OPTIMAL PARTNERSHIP

- ❏ To pool Partner resources to make Vietnam work
- ❏ A resource mobilization strategy for Vietnam
- ❏ Clearly defined common objectives at the three levels (field, management, network partners)
- ❏ Progress on Armenia
- ❏ Cross-organizational mentoring
- ❏ Exploratory visits by Partners to potential focus country
- ❏ Joint non-health activities
- ❏ Open sharing about what each Partner wants
- ❏ Insure all Partner leadership
- ❏ Educate people at headquarters and field levels
- ❏ More opportunities for feed back (anonymously)
- ❏ Continually re-visit and check in with the vision at the three different levels
- ❏ A plan or commitment to joint capacity building
- ❏ earning from each other's organizational cultures

MODALITIES FOR COLLABORATIVE CAPACITY BUILDING

- ❏ Developing learning contracts
- ❏ Joint training
- ❏ Working on a project together
- ❏ Coaching
- ❏ Staff exchanges
- ❏ Peers retreat
- ❏ Information sharing
- ❏ iving university (see do)
- ❏ Joining each other's workshops
- ❏ Collaborative research
- ❏ Joint field planning/joint program reviews

- ❏ Collaborative development of policy guidelines
- ❏ Joint development education programs
- ❏ Joint tackling of institutional development problems
- ❏ cross evaluations
- ❏ common definitions
- ❏ joint experienced based advocacy
- ❏ Peer review body
- ❏ Joint materials production
- ❏ Shared sabbatical program
- ❏ Joint investment in technology development software
- ❏ Cross-visits
- ❏ Distance learning (common distance conferencing)
- ❏ Bringing together technical people from each Partner
- ❏ Joint staff recruitment
- ❏ Joint certification programs
- ❏ Joint celebrations

NGO Networks
for Health

1620 I Street NW, Suite 900
Washington, DC 20006
Tel: 202-955-0070
Fax: 202-955-1105
www.ngonetworks.org

USAID

ADRA   CARE   *path*
Program for Appropriate Technology in Health

PLAN
INTERNATIONAL

Save the
Children®